

## LME Alternative Service Request for Use of DMHDDSAS State Funds

### For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

**Note:** Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at [Wanda.Mitchell@ncmail.net](mailto:Wanda.Mitchell@ncmail.net), and to Spencer Clark, Chief's Office, Community Policy Management Section, at [Spencer.Clark@ncmail.net](mailto:Spencer.Clark@ncmail.net). Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at [Brenda.G.Davis@ncmail.net](mailto:Brenda.G.Davis@ncmail.net) or (919) 733-4670, or to Spencer Clark at [Spencer.Clark@ncmail.net](mailto:Spencer.Clark@ncmail.net) or (919) 733-4670.

<b>a. Name of LME</b> Smoky Mountain Center for MH/DD/SAS		<b>b. Date Submitted</b> 10/25/08
<b>c. Name of Proposed LME Alternative Service</b> Inpatient After-Care Follow Up: A Statewide Alt-Service Definition YA339		
<b>d. Type of Funds and Effective Date(s):</b> <i>(Check All that Apply)</i> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span><input type="checkbox"/> State Funds: Effective 7-01-07 to 6-30-08</span> <span><input checked="" type="checkbox"/> State Funds: Effective 7-01-08 to 6-30-09</span> </div>		
<b>e. Submitted by LME Staff (Name &amp; Title)</b> Lisa D. Slusher, CFO	<b>f. E-Mail</b> <a href="mailto:lisa@smokymountaincenter.com">lisa@smokymountaincenter.com</a>	<b>g. Phone No.</b> 828-586-5501

#### Background and Instructions:

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an ***LME Alternative Service Request for Use of DMHDDSAS State Funds***.

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.

Requirements for Proposed LME Alternative Service	
<i>(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)</i>	
Complete items 1 through 28, as appropriate, for all requests.	
1	<b>Alternative Service Name, Service Definition and Required Components</b> <i>(Provide attachment as necessary)</i> <b>Inpatient After-Care Follow-up Service Definition attached</b>
2	<b>Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array</b> <ul style="list-style-type: none"> <li>• <i>Consumer access issues to current service array</i></li> <li>• <i>Consumer barrier(s) to receipt of services</i></li> <li>• <i>Consumer special services need(s) outside of current service array</i></li> <li>• <i>Configuration and costing of special services</i></li> <li>• <i>Special service delivery issues</i></li> <li>• <i>Qualified provider availability</i></li> <li>• <i>Other provider specific issues</i></li> </ul> <p>Inpatient After-Care Follow-Up Service is utilized in counties in which post hospital follow-up services are provided in Recovery Education Centers which are funded on an expenditure basis without submission of shadow claims. This service was created in order to provide a methodology for monitoring and tracking post hospital follow-up services.</p>
3	<b>Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition</b> <p>This service is used by contracted organizations providing services under an expenditure-based contract with the LME and not otherwise submitting IPRS claims or shadow claims for those services (e.g., Recovery Education Centers) to document in the IPRS the first post-discharge service in order to track &amp; monitor after-care follow-up services.</p>
4	<b>Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: <i>(Check one)</i></b> <p><input type="checkbox"/> Recommends    <input type="checkbox"/> Does Not Recommend    <input checked="" type="checkbox"/> Neutral (No CFAC Opinion)</p>
5	<b>Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service</b> <p>It is estimated that this service will be provided to 611 persons annually.</p>
6	<b>Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service</b> <p>\$61,937.07</p>
7	<b>Eligible IPRS Target Population(s) for Alternative Service: <i>(Check all that apply)</i></b> <p><b><u>Assessment Only:</u></b>    <input checked="" type="checkbox"/> All    <input type="checkbox"/> CMAO    <input type="checkbox"/> AMAO    <input type="checkbox"/> CDAO    <input type="checkbox"/> ADAO    <input type="checkbox"/> CSAO    <input type="checkbox"/> ASAO</p> <p><b><u>Crisis Services:</u></b>    <input checked="" type="checkbox"/> All    <input type="checkbox"/> CMCS    <input type="checkbox"/> AMCS    <input type="checkbox"/> CDCS    <input type="checkbox"/> ADCS    <input type="checkbox"/> CSCS    <input type="checkbox"/> ASCS</p> <p><b><u>Child MH:</u></b>    <input checked="" type="checkbox"/> All    <input type="checkbox"/> CMSED    <input type="checkbox"/> CMMED    <input type="checkbox"/> CMDEF    <input type="checkbox"/> CMPAT    <input type="checkbox"/> CMECD</p> <p><b><u>Adult MH:</u></b>    <input checked="" type="checkbox"/> All    <input type="checkbox"/> AMSPM    <input type="checkbox"/> AMSMI    <input type="checkbox"/> AMDEF    <input type="checkbox"/> AMPAT    <input type="checkbox"/> AMSRE</p> <p><b><u>Child DD:</u></b>    <input checked="" type="checkbox"/> CDSN</p>

	<p><b>Adult DD:</b>            <input checked="" type="checkbox"/> All   <input type="checkbox"/> ADSN   <input type="checkbox"/> ADMRI</p> <p><b>Child SA:</b>            <input checked="" type="checkbox"/> All   <input type="checkbox"/> CSSAD   <input type="checkbox"/> CSMAJ   <input type="checkbox"/> CSWOM   <input type="checkbox"/> CSCJO   <input type="checkbox"/> CSDWI   <input type="checkbox"/> CSIP  <input type="checkbox"/> CSSP</p> <p><b>Adult SA:</b>            <input checked="" type="checkbox"/> All   <input type="checkbox"/> ASCDR   <input type="checkbox"/> ASHMT   <input type="checkbox"/> ASWOM   <input type="checkbox"/> ASDSS   <input type="checkbox"/> ASCJO   <input type="checkbox"/> ASDWI  <input type="checkbox"/> ASDHH   <input type="checkbox"/> ASHOM   <input type="checkbox"/> ASTER</p> <p><b>Comm. Enhance.:</b>   <input type="checkbox"/> All   <input type="checkbox"/> CMCEP   <input type="checkbox"/> AMCEP   <input type="checkbox"/> CDCEP   <input type="checkbox"/> ADCEP   <input type="checkbox"/> ASCEP   <input type="checkbox"/> CSCEP</p> <p><b>Non-Client:</b>           <input type="checkbox"/> CDF</p>
8	<p><b>Definition of Reimbursable Unit of Service:</b> <i>(Check one)</i></p> <p><input checked="" type="checkbox"/> Service Event    <input type="checkbox"/> 15 Minutes            <input type="checkbox"/> Hourly    <input type="checkbox"/> Daily    <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Other: Explain _____</p>
9	<p><b>Proposed IPRS <u>Average</u> Unit Rate for LME Alternative Service</b></p> <p><i>Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed <u>average</u> IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?</i></p> <p style="text-align: center;"><b>\$101.37</b></p>
10	<p><b>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service</b> <i>(Provide attachment as necessary)</i></p> <p>This service is equivalent to a clinical assessment; it may be provided by differently credentialed staff at different rates, but we assumed that Masters degreed clinician would be used most frequently and are mid-range in cost. Thus we used \$101.37 as the unit rate.</p>
11	<p><b>Provider Organization Requirements</b></p> <p>This service requires the establishment of an expenditure based contract between provider and the LME. Provider must submit shadow claims to the LME.</p>
12	<p><b>Staffing Requirements by Age/Disability</b>  <i>(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)</i>  Physician, Physician Extender, Nurse, Clinician or QP</p>
13	<p><b>Program and Staff Supervision Requirements</b></p> <p>Inpatient After-Care Follow-Up service may be provided by an individual or by a team. A Physician, Physician Extender, Nurse, Clinician or Qualified Professional must be involved in the provision of the service. Staff supervision requirements will vary with the discipline and credentials of the individual staff.</p>
14	<p><b>Requisite Staff Training</b></p> <p>Staff providing this service must have training and experience appropriate for clinical assessment and triage of individuals for the disability/age groups of consumers served.</p>
15	<p><b>Service Type/Setting</b></p> <ul style="list-style-type: none"> <li>• Location(s) of services - Outpatient setting</li> <li>• Excluded service location(s) - None</li> </ul>
16	<p><b>Program Requirements</b></p> <ul style="list-style-type: none"> <li>• Individual or group service-Individual</li> </ul>

	<ul style="list-style-type: none"> <li>• <i>Required client to staff ratio (if applicable)N/A</i></li> <li>• <i>Maximum consumer caseload size for FTE staff (if applicable)N/A</i></li> <li>• <i>Maximum group size (if applicable)N/A</i></li> <li>• <i>Required minimum frequency of contacts (if applicable)One</i></li> <li>• <i>Required minimum face-to-face contacts (if applicable) One</i></li> </ul>
17	<p><b>Entrance Criteria</b></p> <ul style="list-style-type: none"> <li>• <i>Individual consumer recipient eligibility for service admission-Discharge from inpatient or residential treatment service.</i></li> <li>• <i>Anticipated average level of severity of illness, or average intensity of support needs, of consumer to enter this service</i></li> </ul>
18	<p><b>Entrance Process</b></p> <ul style="list-style-type: none"> <li>• <i>Integration with team planning process</i></li> <li>• <i>Integration with Person Centered Plan and clinical assessment</i></li> </ul> <p>Inpatient After-Care Follow-Up (MH/DD/SA) service will be the first post-discharge service for persons hospitalized; referrals will be made through the LME through our discharge planning process.</p>
19	<p><b>Continued Stay Criteria</b></p> <ul style="list-style-type: none"> <li>• <i>Continued individual consumer recipient eligibility for service</i></li> </ul> <p>Not applicable—this is a single event service per hospital discharge.</p>
20	<p><b>Discharge Criteria</b></p> <ul style="list-style-type: none"> <li>• <i>Recipient eligibility characteristics for service discharge</i></li> <li>• <i>Anticipated length of stay in service (provide range in days and average in days)</i></li> <li>• <i>Anticipated average number of service units to be received from entrance to discharge</i></li> <li>• <i>Anticipated average cost per consumer for this service</i></li> </ul> <p>Not applicable—this is a single event service per hospital discharge.</p>
21	<p><b>Evaluation of Consumer Outcomes and Perception of Care</b></p> <ul style="list-style-type: none"> <li>• <i>Describe how outcomes for this service will be evaluated and reported including planned utilization of and findings from NC-TOPPS, the MH/SA Consumer (Satisfaction) Surveys, the National Core Indicators Surveys, and/or other LME outcomes and perception of care tools for evaluation of the Alternative Service</i></li> <li>• <i>Relate emphasis on functional outcomes in the recipient's Person Centered Plan</i></li> </ul> <p>This is a single event service designed to assess consumer's immediate needs and to engage them in ongoing services. Outcomes will be measured through engagement in continued services and in reduced hospital readmissions.</p>
22	<p><b>Service Documentation Requirements</b></p> <ul style="list-style-type: none"> <li>• <i>Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record?</i></li> </ul> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No        <i>If "No", please explain.</i></p>

	<ul style="list-style-type: none"> <li><b>Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.</b> Full service note per event for a registered active LME Consumer. Screening, Triage and Referral must be completed as a part of this service if not previously completed.</li> </ul>
23	<b>Service Exclusions</b> <ul style="list-style-type: none"> <li><b>Identify other service(s) that are limited or cannot be provided on the same day or during the same authorization period as proposed Alternative Service-None</b></li> </ul>
24	<b>Service Limitations</b> <ul style="list-style-type: none"> <li><b>Specify maximum number of service units that may be reimbursed within an established timeframe (day, week, month, quarter, year )None-based on number of discharges from inpatient or residential treatment services.</b></li> </ul>
25	<b>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</b> <ul style="list-style-type: none"> <li><b>Provide other organizational examples or literature citations for support of evidence base for effectiveness of the proposed Alternative Service</b></li> </ul> <p>There is general recognition that rapid engagement in services following hospital discharge results in reduced inpatient readmissions. This service is equivalent to Clinical Assessment (service code 90801), the standard service for such assessments.</p>
26	<b>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</b> <p>Efficacy and cost-effectiveness of this service will be measured through the following indicators:</p> <ol style="list-style-type: none"> <li>1. Rate of post-hospital follow-up appointments within 5 calendar days of discharge</li> <li>2. Engagement in continued services after this service</li> <li>3. Reduction of inpatient readmissions within 30 days of hospital discharge</li> </ol>
27	<b>LME Additional Explanatory Detail (as needed)</b>

## Inpatient After Care Follow Up (MH/DD/SA)

### Service Definition and Required Components

*Inpatient After Care Follow Up (MH/DD/SA)* is a service provided to adults and children/adolescents discharged from inpatient or residential treatment service, designed to assess the individual's current treatment needs and resources and to engage the individual in ongoing follow-up services. This follow-up service should be provided as soon as possible after the person's discharge from inpatient or residential service; in all cases, such individuals should receive this or another face-to-face follow-up service within seven calendar days after discharge. The service is intended to facilitate rapid (re)engagement in community-based services and to reduce the risk of re-hospitalization or readmission to residential services.

Inpatient After Care Follow Up service includes the following elements:

- A. Review of the individual's experience in transitioning from inpatient/residential service back to the community;
- B. Review of prescribed medications: adherence to medication prescribed at discharge, effectiveness of medications, side effects, current supply of medication and options for refills, and next appointment with a prescribing practitioner;
- C. Assessment of current mental status, including assessment of dangerousness to self and others;
- D. Review of and/or development of a crisis plan with particular emphasis on addressing potential crises that might jeopardize the individual remaining in the community;

- E. Assessment of community living arrangements including shelter, food, clothing, transportation and safety;
- F. Assessment of social supports and resources;
- G. Review of continuing service needs and plan for meeting those needs; **and**
- H. Engagement of the individual in continued services, including identification and addressing potential barriers to participation in ongoing services.

**Staffing Requirements**

Inpatient After Care Follow Up service may be provided by an individual or by a team. A Physician, Physician Extender, Nurse, Clinician or Qualified Professional must be involved in provision of the service. Peer Support Specialist team members may be especially capable at relating to consumers and in helping them engage in ongoing services.

**Provider Requirements**

Inpatient After Care Follow Up service is for use only by provider organizations providing services under an expenditure-based contract and not otherwise submitting IPRS claims or shadow-claims for those services. Shadow claims must be submitted to the LME for provision of this service.

**Service Type/Setting**

Inpatient After Care Follow Up service is a direct periodic service that can be provided in any location

**Utilization Management**

A recipient may receive one or more Inpatient After Care Follow Up services following discharge from inpatient or residential services. Authorization of this service is not required.

Any person regardless of payer source that has been discharged from inpatient or residential service is eligible for this service

**Continued Stay Criteria**

Not applicable.

**Discharge Criteria**

Not applicable.

**Expected Outcomes**

The individual successfully transitions from inpatient or residential to community-based services. The individual has stable living arrangements and the supports necessary to remain in the community and to engage in needed ongoing treatment services.

**Documentation Requirements**

The recipient must be registered as an active LME consumer. Screening, Triage and Referral must be completed as part of this service if not previously completed.

Minimum standard is a full service note that includes the purpose of contact, describes the interventions and the effectiveness of the intervention. Plans for continued services and needed supports must be documented.

**Service Exclusions**

Not Applicable.

## **Service Code**

SMC Service Code 8438 is to be used by providers in reporting Inpatient After Care Follow Up service. Reporting to the Division will be on an expenditure basis only.